

STATE OF WASHINGTON
OFFICE OF INSURANCE COMMISSIONER
TERMINATION OF APPOINTMENT/AFFILIATION

AGENT/BROKER

COMPANY/CORPORATION

PIC OR CIC #

CIC #

Name of Licensee

Name of Insurer or Corporation

Address

Address

City

State

City

State

PURSUANT TO RCW 48.17.160 & WAC 284-17-420, Notice is hereby given that your

Appointment/Affiliation as an ☐ Agent ☐ Broker ☐ General Agent or ☐ Surplus Line Broker in the
State of Washington is terminated effective the date this notification is received.

Signed: _____
Person authorized to execute

Date

SUPPLEMENTAL INFORMATION

Reason(s) for Termination

- ☐ Agent's-Broker's Request/Mutual Consent
☐ Incompetence
☐ High Loss Ratio
☐ Misrepresentation of policies
☐ Failure to account for premiums
☐ Rebating
☐ Untrustworthiness
☐ Abandonment of Agent/Broker
☐ Other Causes

Explain Circumstances if Applicable

Signed: _____